DEPARTMENT OF HEALTH AND FAMILY SERVICES

STATE OF WISCONSIN

Division of Disability and Elder Services

Personal Care Worker

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DIRECTORY OF LICENSED WISCONSIN HOME HEALTH AGENCIES by County Served

Bureau of Quality Assurance P.O. Box 2969 Madison, WI 53701-2969

License and Certification

Please note all facilities below are certified to serve Medicare recipients. Those also certified to serve Medicaid recipients are indicated at the left.

Numbers Provider Name and Address Administrator and Phone Region

COUNTY S	ERVED: Washburn			
Lic. 295 Cert. 52-7247 Certified for Medicaid	INDIANHEAD HOME HEALTH CAI 209 E THIRD ST SOUTH BX 10 LADYSMITH, WI 54848	RE AGENCY	BILLIE LOOS (715) 532-5594 FAX: (715) 532-7808	WESTERN
Services Ho	ome Health Aide Nu	rsing Care	Personal Care Worker	
	INDIANHEAD HOME HEALTH (507 ROUNDHOUSE RD SPOONER WI 54801	CARE AGENCY	PHONE : (715) 635-4650	FAX: (715) 635-4652
Branch:	INDIANHEAD HOME HEALTH (1237 NORTH KNOWLES NEW RICHMO WI 54017	CARE AGENCY	PHONE : (715) 246-7213	FAX: (715) 246-7887
Branch:	INDIANHEAD HOME HEALTH (31 SOUTH 3RD STREET BARRON WI 54812	CARE AGENCY	PHONE : (715) 537-3866	FAX: (715) 537-3823
Branch:	INDIANHEAD HOME HEALTH (25182 STATE ROAD 35 SIREN WI 54872	CARE AGENCY	PHONE : (715) 866-5440	FAX:
Branch:	INDIANHEAD HOME HEALTH (215 MAIN ST. SOUTH LUCK WI 54853	P. O. BOX 235	PHONE: (715) 472-8922	FAX: (715) 472-8923
ic. 310 Cert. 52-7261 Certified for Medicaid	AURORA COMMUNITY HEALTH, 406 TECHNOLOGY DR E NO B MENOMONIE, WI 54751	INC.	JAYNE RIEPER (715) 235-4667 FAX: (715) 235-2688	WESTERN
ervices Horovided:	ome Health Aide Nu	rsing Care	Personal Care Worker	
ic. 151 Cert. 52-7158 Certified for Medicaid	LAKEVIEW MEDICAL CENTER 212 S MAIN ST RICE LAKE, WI 54868		SYLVIA TEMLITZ (715) 236-6256 FAX : (715) 236-6578	WESTERN
Provided:		poratory cupational Therapy	Medical Social Service Pharmaceutical	Nursing Care Physical Therapy
ic. 324	INDIANHEAD MEDICAL CENTER, INC. HOME HEALTH AGENCY		DORIS LAURSEN	WESTERN
Cert. 52-7262 Certified for Medicaid	113 4TH AVE SHELL LAKE, WI 54871		(715) 468-7833 FAX: (715) 468-7303	
Provided:		rsing Care	Nutritional Guidance Speech Therapy	Occupational Therapy

Speech Therapy

Physical Therapy

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COUNTY SERVED: Washburn

Lic. 304 **HEARTS OF GOLD, INC.** SUSAN DODD WESTERN

Cert. 52-7252 38 W. 5TH AVE PO BX 220 (715) 468-2931 SHELL LAKE, WI 54871 **Certified for** FAX: (715) 468-7147

Medicaid

Services Home Health Aide Laboratory **Nursing Care** Occupational Therapy

Provided: Personal Care Worker Pharmaceutical Physical Therapy

SPOONER HEALTH SYSTEM HOME CARE MICHAEL SCHAFER WESTERN Lic. 208

Cert. 52-7195 819 ASH ST (715) 635-2111 FAX: (715) 635-8674

Certified for SPOONER, WI 54801

Medicaid

Services Home Health Aide Nursing Care Occupational Therapy Personal Care Worker

Provided: Physical Therapy Speech Therapy